



community  
solutions | 4 Griffin Road North ■ Windsor, CT 06095  
860.527.0101 ■ fax 860.683.7199  
www.csi-online.org  
our name is our mission

May 25, 2005

Ms. Cristine A. Vogel  
Commissioner  
Office of Health Care Access  
410 Capitol Avenue  
MS #13HCA, P.O. Box 340308  
Hartford, CT 06134-0308

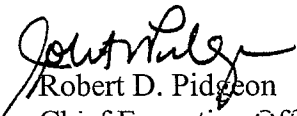
Dear Commissioner Vogel:

CSI Connecticut, Inc. is submitting the enclosed CON Determination form for review by your Agency. We would like to proceed with returning the outpatient licenses for our Norwalk Behavioral Health Services Program to the Department of Public Health.

Since the program has never had a viable funding source, and no clients were served during the brief period the program was open, there is no interruption of services or impact on other providers.

Thank you for your consideration of this request.

Sincerely,



Robert D. Pidgeon  
Chief Executive Officer



**State of Connecticut  
Office of Health Care Access  
CON Determination Form  
Form 2020**

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. PETITIONER INFORMATION**

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	CSI Connecticut, Inc.	
Doing Business As	Norwalk Behavioral Health Services	
Name of Parent Corporation	CSI Connecticut, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	4 Griffin Road North Windsor, CT 06095	
Petitioner type (e.g., P for profit and NP for Not for Profit)	NP	
Name of Contact person, including title	Robert D. Pidgeon Chief Executive Officer	
Contact person's street mailing address	4 Griffin Road North Windsor, CT 06095	
Contact person's phone, fax and e-mail address	Tel: 860-683- 7121 Fax: 860-683 -7199 rpidgeon@csimail.org	

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:  
Norwalk Behavioral Health Services
- b. Location of proposal (Town including street address):  
57 West Rocks Road, Norwalk, CT 06851
- c. List all the municipalities this project is intended to serve:  
Norwalk, Stamford, Westport, Wilton, New Caanan, Darien
- d. Estimated starting date for the project:  
N/A – Program not in operation, seeking to return DPH license
- e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E P

☐ ☐

Acute Care Hospital

☒ ☐

Behavioral Health Provider

☐ ☐

Hospital Affiliate

E P

☐ ☐

Imaging Center

☐ ☐

Ambulatory Surgery Center

☐ ☐

Other (specify): \_\_\_\_\_

E P

☐ ☐

Cancer Center

☐ ☐

Primary Care Clinic

## SECTION III. EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure/Cost: \$ N/A
- b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$</b>
Fair Market Value of Leased Equipment	
<b>Total Capital Cost</b>	<b>\$</b>

**Major Medical and/or imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

- ☐ Operating Funds      ☐ Lease Financing      ☐ Conventional Loan  
☐ Charitable Contributions      ☐ CHEFA Financing      ☐ Grant Funding  
☐ Funded Depreciation      ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROPOSAL DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

#### **SECTION IV. PROPOSAL DESCRIPTION**

Norwalk Behavioral Health Services was licensed by the Department of Public Health to provide outpatient substance abuse and mental health treatment. Copies of the applicable licenses are enclosed.

No funding source to support the program operation came into place until January, 2005 when a contract with the Judicial Department to serve Adult Probation clients took effect.

The program took on staff in January, 2005 but received no referrals from the Office Of Adult Probation during the period of January 1<sup>st</sup> – March 18<sup>th</sup>, 2005. At that point, CSI Connecticut, Inc. terminated its contract with Judicial due to increasing financial losses.

No clients have ever been served in this program and CSI Connecticut, Inc. is seeking to return its licenses for Norwalk Behavioral Health Services to the Department of Public Health.

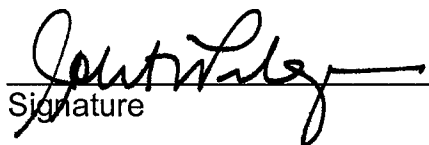
**SECTION V. AFFIDAVIT**

Applicant: CSI Connecticut, Inc.

Project Title: Norwalk Behavioral Health Services

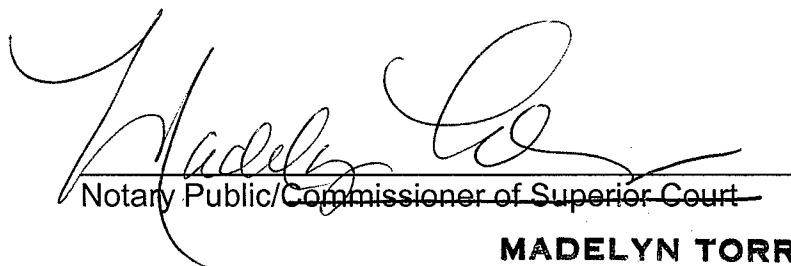
I, Robert D. Pidgeon, Chief Executive Officer  
(Name) (Position – CEO or CFO)

of CSI Connecticut, Inc being duly sworn, depose and state that the  
information provided in this CON Determination form is true and accurate to the best of my  
knowledge, and that Norwalk Behavioral Services complies with the appropriate  
(Facility Name)  
and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-  
486 and/or 4-181 of the Connecticut General Statutes.

  
Signature

5/26/05  
Date

Subscribed and sworn to before me on May 26, 2005

  
Notary Public/~~Commissioner of Superior Court~~

**MADELYN TORRES**  
**NOTARY PUBLIC**  
**MY COMMISSION EXPIRES JAN. 31, 2007**

My commission expires: \_\_\_\_\_

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0358

Psychiatric Outpatient Clinic for Adults

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Community Solutions, Inc. of Hartford, CT, d/b/a Behavioral Health Services is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

Behavioral Health Services is located at 57 West Rocks Road, Norwalk, CT 06851 with:  
Robert Pidgeon as Executive Director  
Lynne M. Bielecki as Director

The service classification(s) and if applicable, the residential capacities are as follows:

MULTI SERVICE

This license expires June 30, 2005 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 21, 2003. INITIAL



A handwritten signature in black ink, appearing to read "Norma Gyle".

Norma Gyle, R.N., Ph.D., Acting  
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0288

Facility for the Care or Treatment of Substance  
Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Community Solutions, Inc. of Hartford, CT, d/b/a Behavioral Health Services is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Behavioral Health Services is located at 57 West Rocks Road, Norwalk, CT 06851 with:

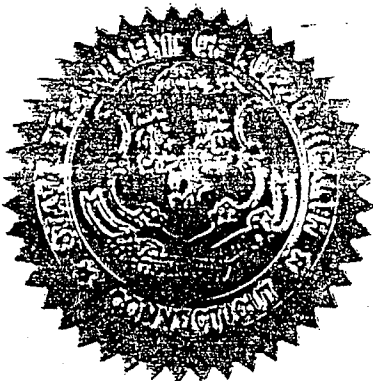
Robert Pidgeon as Executive Director

The service classification(s) and if applicable, the residential capacities are as follows:

Outpatient Treatment

This license expires June 30, 2005 and may be revoked for cause at any time.

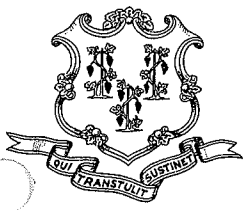
Dated at Hartford, Connecticut, July 21, 2003. INITIAL.



A handwritten signature in black ink, appearing to read "Norma Gyle".

Norma Gyle, R.N., Ph.D., Acting  
Commissioner





M. JODI RELL  
GOVERNOR

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

June 30, 2005

Robert D. Pidgeon  
Chief Executive Officer  
Community Solutions, Inc.  
4 Griffin Road North  
Windsor, CT 06095

RE: Certificate of Need Determination; Report Number 05-30523-DTR  
Termination of General Assistance Behavioral Health Programs in Norwalk, Hartford,  
New Haven, Waterbury and Danbury

Dear Mr. Pidgeon:

On May 31, 2005 and June 24, 2005, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination requests concerning the proposal of Community Solutions, Inc. to terminate its general assistance behavioral health programs in Norwalk, Hartford, New Haven, Waterbury and Danbury, with no associated capital expenditure.

OHCA has reviewed the information contained in the request and makes the following findings:

1. Community Solutions, Inc. is a not for profit facility operating behavioral health programs at various sites in Connecticut.
2. Community Solutions, Inc. is a health care facility or institution as defined in Section 19a-630 of the Connecticut General Statutes ("C.G.S.").
3. Community Solutions, Inc. is proposing to terminate the following general assistance behavioral health programs located at:
  - Norwalk Behavioral Health Services  
57 West Rocks Road  
Norwalk, CT 06851
  - Greater Hartford Multiservice Center  
136 Collins Street  
Hartford, CT 06105

- Elm City Counseling  
850 Grand Avenue  
New Haven, CT 06511
- Chase Center  
21 Cliff Street  
Waterbury, CT 06710
- Danbury AIC  
145 Main Street  
Danbury, CT 06810

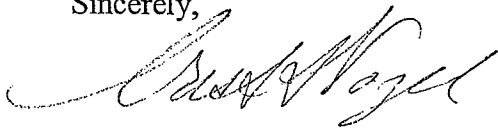
4. Section 19a-638 (a)(3) of the Connecticut General Statutes states "*Each health care facility or institution which intends to terminate a health service offered by such facility or institution ... shall submit to the office, prior to the proposed date of such termination .. a request to undertake such termination ...*"

Based on the above findings, OHCA has determined Community Solutions, Inc., a health care facility or institution, is required to seek and obtain Certificate of Need approval for the termination of general assistance behavioral health programs in Norwalk, Hartford, New Haven, Waterbury and Danbury, pursuant to Section 19a-638(a)(3) of the Connecticut General Statutes.

OHCA considers the submission of information received on June 24, 2005 as the Letter of Intent for this matter; therefore Community Solutions, Inc. may file a completed CON application with OHCA between August 23, 2005, and October 22, 2005. The CON application is being mailed to your attention separately.

If you have any questions regarding the above, please contact Paolo Fiducia, Associate Health Care Analyst at (860) 418-7035.

Sincerely,



Cristine A. Vogel  
Commissioner

Copy: Sandra Bauer, Health Processing Technician, DPH, DCBR

June 23, 2005

Ms. Cristine A. Vogel  
Commissioner  
Office of Health Care Access  
410 Capitol Avenue  
MS #13HCA, P.O. Box 340308  
Hartford, CT 06134-0308

Dear Commissioner Vogel:

We appreciated the opportunity to meet directly with you and your staff. It was helpful to have an explanation of the process we will need to follow with OHCA for closing our outpatient clinic programs as well as having an opportunity to explain the background for our decision.

I am requesting that further action on the CON Determination Inquiry concerning our programs at the Greater Hartford Multiservice Center and Elm City Counseling be closed out at this point. We would like to add these two program sites, along with the Waterbury and Danbury programs, to the CON Determination request we previously sent to OCHA for our Norwalk Behavioral Health Services program.

The four clinic locations to be included with our original request are as follows:

Greater Hartford Multiservice Center  
136 Collins Street  
Hartford, CT 06105

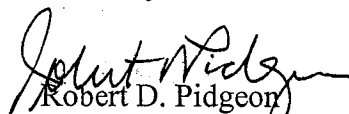
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New Haven, CT 06511

Chase Center  
21 Cliff Street  
Waterbury, CT 06710

Danbury AIC  
145 Main Street  
Danbury, CT 06810

Thank you for your consideration and assistance.

Sincerely,

  
Robert D. Pidgeon  
Chief Executive Officer

2005 JUN 24 PM 12:05  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

RECEIVED

# Community Solutions, Inc.

## FAX COVER SHEET

Community Solutions, Inc.  
4 Griffin Road North  
Windsor, Ct 06095  
Phone (860) 683-7100 Fax (860) 683-7199

RECEIVED  
2005 JUN 23 PM 1:19  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

To: Cristine Vogel, Commissioner

Company: OHCA

Fax #: 860-418-7053

From: Robert Pidgeon, CEO

Date: 6/23/05

Re: CON Determination

Pages: # 2, including cover sheet

### Comments:

#### CONFIDENTIALITY NOTICE:

The document accompanying this telecopy transmission contains information which is confidential, and legally privileged. This information is intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that disclosing, copying, distributing, taking any action in reliance on the contents of this telecopied information is strictly prohibited, and that the document should be returned to the CST immediately. Further, if you have received this telecopy in error, please telephone us immediately, so that we can arrange for the



community  
solutions

our name is our mission

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June 23, 2005

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145 Main Street  
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Robert D. Pidgeon  
Chief Executive Officer